



MOLD SUPPLEMENTAL APPLICATION

<p>1. Do you hold any licenses and/or training certifications for any personnel performing and/or supervising remediation operations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe and/or attach copies:</p>												
<p>2. Have there been any incidents reported to you involving mold or any claims involving mold brought against your firm?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide the details of each client or claim:</p>												
<p>3. What percentage of your revenues are attributed to the following operations:</p> <table><tr><td>Residential / Multi-Family:</td><td>%</td><td>Commercial / Office:</td><td>%</td><td>Schools:</td><td>%</td></tr><tr><td>Hospitals / Nursing Homes:</td><td>%</td><td>Hotels:</td><td>%</td><td>Other:</td><td>%</td></tr></table>	Residential / Multi-Family:	%	Commercial / Office:	%	Schools:	%	Hospitals / Nursing Homes:	%	Hotels:	%	Other:	%
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Hospitals / Nursing Homes:	%	Hotels:	%	Other:	%							
<p>4. Percent of Residential work performed in the following states?</p> <table><tr><td>California:</td><td>%</td><td>Florida:</td><td>%</td><td>Texas:</td><td>%</td><td>Hawaii:</td><td>%</td></tr></table>	California:	%	Florida:	%	Texas:	%	Hawaii:	%				
California:	%	Florida:	%	Texas:	%	Hawaii:	%					
<p>5. Does your firm have written Standard Operating Procedures for Mold Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please attach copy of Table of Contents.</p>												
<p>6. Does your contractual language hold you responsible for diagnosing or correcting moisture problems that contribute to potential mold problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please attach copy of wording.</p>												
<p>7. How do you handle and document existing moisture problems or mold encountered during the performance of your work?</p>												
<p>8. Do you accept responsibility to diagnose, correct, or warrant against moisture problems that contribute to potential mold problems? If yes, please attach a copy of the wording.</p>												
<p>9. How do you communicate and document to the client that mold may or will be a problem if existing moisture problems are not resolved?</p>												
<p>10. If a complaint is received regarding moisture problems due to your work, what steps do you take to correct the problem?</p> <p>What time frame does it take to complete the corrective action?</p>												
<p>11. How do you handle and document potential health problems, allergic reactions, odor or physical complaints or claims made against you?</p>												



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The Applicant represents that the answers given with respect to the foregoing questions are true, with no misrepresentations, omissions or other concealment of fact and agrees that any misrepresentation will constitute reason for the company to void or cancel any policy issued on the basis of this application and will hold the company harmless for the action taken.

SIGNING THIS FORM OR SUBMISSION OF PAYMENT DOES NOT BIND THE APPLICANT OR ALTA RISK, LLC TO COMPLETE THE INSURANCE. HOWEVER, IF COVERAGE IS BOUND, THIS APPLICATION AND ANY ADDITIONAL INFORMATION PROVIDED BY THE APPLICANT BECOMES A PART OF THE POLICY.

SIGNED

TITLE

DATE